

**MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-873)

SERIAL NO. **09/820251** FILING DATE

APPLICANT(S)

*2-9-04 CLAIMS*

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* <i>Cont B</i> *					
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1							
2	1		1			1						
3		2		2		2						
4		1		1		1						
5		1		1		1						
6		1		1		1						
7		2		2		2						
8		2		2		2						
9		2		2		2						
10		2		2		2						
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22		1		1		1						
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25	1		1		1							
26	1		1		1							
27		2		2		2						
28				2		2						
29				1		1						
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31				1		1						
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45				1		1						
46				1		1						
47				1		1						
48				1		1						
49				1		1						
50				1		1						
TOTAL IND.	4									4		
TOTAL DEP.		46									46	
TOTAL CLAIMS	44									50		
51												
52												
53												
54												
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56												
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96												
97												
98												
99												
100												
TOTAL IND.	8									4		
TOTAL DEP.		75									46	
TOTAL CLAIMS	83									50		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY